

**CLAIMS ONLY**

**Application Number**

**Filing Date**

**Applicant(s)**

प्राप्तिकरण

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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21						
22	1					
23		1				
24						
25			3			
26			3			
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48						
49						
50						
Total Indep	1					
Total Depend.	8					
Total Claims	9					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
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100						
Total Indep						
Total Depend						
Total Claims						